

PO3000086034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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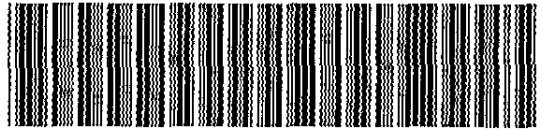
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Star Insurance Associates, Inc.
(PROPOSED CORPORATE NAME - ~~MUST INCLUDE SUFFIX~~)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert Downey
Name (Printed or typed)

2460A North State Road 7
Address

Lauderdale Lakes, Fl. 33313
City, State & Zip

954-609-4280
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Star Insurance Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2460A North State Road 7
Lauderdale Lakes, Fl. 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Rental & wholesale and any other activities
related to insurance.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Booker Wade
13100 N.W. 178th Terr.
Miami, Fl. 33169

ARTICLE VII INCORPORATOR

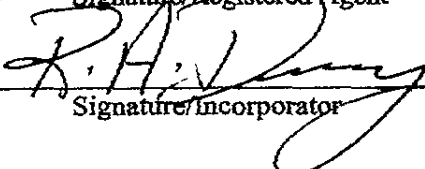
The name and address of the Incorporator is:

Robert Downey
4333 N.W. 115 Ave.
Coral Springs, Fl. 33065

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

7/30/03
Date

7-30-03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA